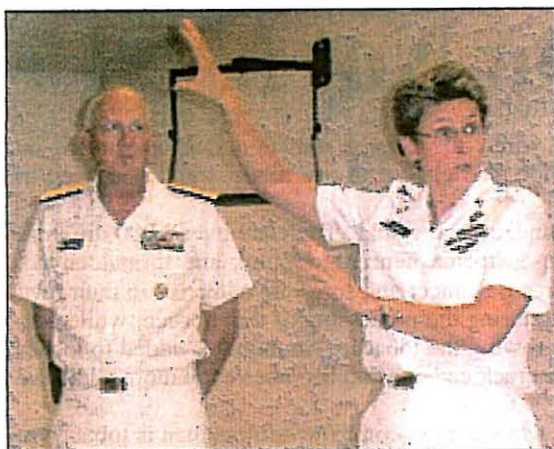
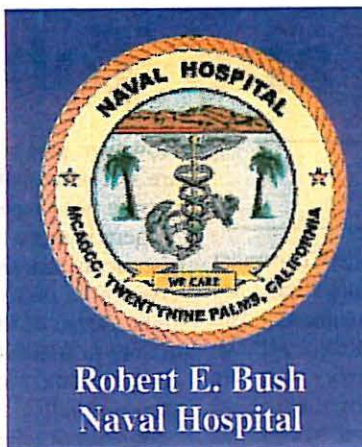




The Navy's Surgeon General, Vice Admiral Cowan and the Force Master Chief, Jacqueline DiRosa, made a recent visit to the Robert E. Bush Naval Hospital during a West Coast tour.

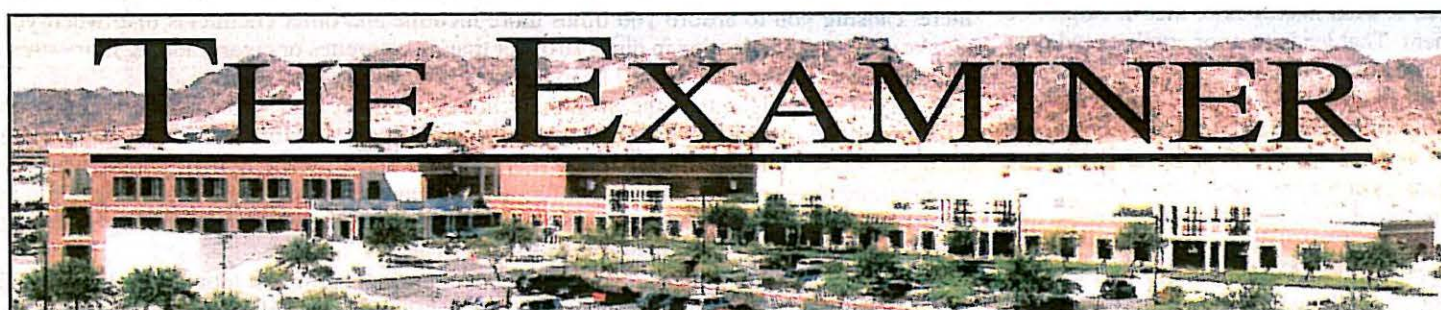
See Page 4



Robert E. Bush
Naval Hospital

The Robert E. Bush Naval Hospital Outhouse Race Team once again maintained the crown of Champions at the recent Pioneer Days Outhouse Race.

See Page 5



www.nhttp.med.navy.mil

Change of Command, Retirement set for Nov. 21

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

A traditional Navy Change of Command and Retirement Ceremony will take place at the Robert E. Bush Naval Hospital Marine Corps Air Ground Combat Center, Twentynine Palms, California, Nov. 21 at 10 a.m., where Captain Lynda A. Salmond, Medical Service Corps, will be retired and relieved by the prospective Commanding Officer, Robert J. Englehart, Medical Service Corps.

Rear Admiral Kathleen L. Martin, Nurse Corps, Deputy Surgeon General of the Navy and Vice Chief, Bureau of



Captain Lynda A. Salmond, MSC

Medicine and Surgery will be the guest speaker.

Salmond is retiring after 29 years and seven months of naval service. She took command of the naval hospital here on Nov. 9, 2000 to become its sixth Commanding Officer.

Since then, Salmond presided over several important events at the hospital, and led the command to achieve an outstanding score of 97 (out of 100) on the Joint Commission on Accreditation of Health Care Organization survey.

Salmond enjoyed a successful tour here because of her applied leadership philosophy, "The job of the hospital staff is to take care of patients... my job is to take care of the staff."

Please see **CHANGE OF COMMAND** on page 11



Captain Richard J. Englehart MSC

Hospital Honors Officers, Sailors, Civilians of Quarter

The Officers, Civilians and Sailors of the Quarter, for the period from July 1, through Sept. 30, 2003, at the Robert E. Bush Naval Hospital were recently selected.

Lieutenant Junior Grade Johnathon S. Hawkins, Nurse Corps, assigned as a Staff Nurse in the Emergency Medicine Department was named as the Officer of the Quarter.

His citation reads in part, "As Staff Nurse, Emergency Medicine Department, you established yourself as an expert clinician who consistently provided the highest quality of care, setting a standard that defines excellence. Utilizing your professional skills and talents, you implemented ideas and developed solutions which led to

standardized protocols, procedural checklists, and consent forms for the administration of medications and restraints. This greatly reduced the complexities associated with carrying out high-risk interventions and improved the documentation. The resultant overall improvements in nursing extend far beyond the Emergency

Please see **HONORS** on page 8



Inside...

Tobacco use is the greatest deterrent to combat readiness and health! The most likely causes of early medical discharge from all branches of the military are tobacco use related. In fact, tobacco use is associated with excess training costs to the DOD of an additional \$130 million every year.

page 2

All eligible beneficiaries for medical care in a Military Treatment Facility have access to that care here at Naval Hospital Twentynine Palms; however, patients enrolled to TRI-CARE Prime have priority, all others receive treatment on a space available basis.

page 3

The retired Marine survived Vietnam, the Marine Barracks bombing in Beirut, the invasion of Grenada and the Gulf War... but now in retirement he faces yet another challenge.

That challenge is to his health and his financial well being.

page 3

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Here's to Your Health...

Combat Readiness and Tobacco Do Not Mix!

By Martha Hunt, MA, Health Promotion Coordinator
Robert E. Bush Naval Hospital

Tobacco use is the greatest deterrent to combat readiness and health! The most likely causes of early medical discharge from all branches of the military are tobacco use related. In fact, tobacco use is associated with excess training costs to the DOD of an additional \$130 million every year. Because of tobacco use in active duty military, the DOD spends almost one billion dollars every year due to premature death and disability costs. This amount does not include the amount spent on non-debilitating health costs such as increased colds or asthma, costs from lost work days, or health care for dependents, veterans or retirees.

When manpower and money is tied up in tobacco related health care, then it cannot be used for upgrading defense or maintaining equipment. That leads to poor combat readiness because there are fewer resources to draw from in time of need.

Almost seventy percent of all Marines and over half of all Navy personnel use some form of tobacco. These rates are more than double the rates in the civilian population. On a base the size of ours, this translates to well over 7,000 active duty either smoking or dipping tobacco. The Air Force has determined that if all active duty in the Air Force stopped using tobacco, they could man an average sized base with the savings from health care costs and man-hours lost to smoking breaks.

Tobacco is one of the most addictive substances on earth and affects every part of your body. With regards to combat readiness, tobacco use affects how well your heart pumps and how well you breathe and get oxygen to your body. Tobacco use damages your lungs by cutting down on your airflow and limiting the amount of oxygen that is available to your muscles in times of stress. Basically, how fast do you think you can move when your leg muscles are not getting enough oxygen to fuel your run or hike?

There are many reasons why tobacco is so addictive. The most important reason is that nicotine keys into the pleasure centers in your brain and causes the release of chemicals, neurotransmitters like dopamines, that give you a feeling of pleasure and calmness. The more nicotine you take in, the more you need to feed these pleasure centers. It is the same chemical that gives some people a 'runner's high'.

Another reason tobacco is so addictive is genetics. There are several genes that help to explain why one person becomes addicted to tobacco while another one does not. While you cannot change the genes you are born with, when certain genes are located for certain diseases, like nicotine addiction, then it is easier to develop drugs to help treat that disease.

Kick the habit and learn to become tobacco free!

The Naval Hospital Health Promotions Program offers tobacco cessation classes. Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start Nov. 18. Call now before it all goes up in smoke!

Upcoming Diabetes Class Schedule

The Internal Medicine Clinic of the Robert E. Bush Naval Hospital offers a series of "Diabetes Self-Management Classes."

The schedule of classes is as follows:

Taking Care of your Eyes

Nov. 20, from 3 to 4 p.m.

All classes are held in the Family Practice Clinic Classroom 3.

Anyone with diabetes or interested in learning more about diabetes is welcome to attend.

For more information call Lt. Julie Lundstad at 830-2175.

Anger Management Classes Held at Hospital

The Robert E. Bush Naval Hospital's Mental Health Department is conducting monthly Anger Management Classes every third Wednesday from 1 to 2:30 p.m., in the Mental Health Department Group Room.

All eligible beneficiaries are welcome to attend this class. It is requested that participants should check in at least 15 minutes prior to class start time.

However, just because you may be 'hard wired' for tobacco addiction, does not mean you are not responsible for your own behavior. You choose to use tobacco and you need to choose not to use tobacco.

There is more to tobacco than just nicotine, tar and smoke. There are over 4,000 different chemicals identified in tobacco including saltpeter, benzene, radium, and formaldehyde. Over 60 of these chemicals are known to cause cancer and some are addictive in their own right. Some of these chemicals are added during the processing of the tobacco, while others are pesticides and fertilizers used in growing the tobacco. Ammonia is added to tobacco so that the nicotine free-bases just like crack cocaine and becomes even more addictive than normally.

Smokeless tobacco or dip is even more dangerous to combat readiness than is tobacco in cigarettes or cigars. The reason for this is that dip is placed directly against the gum and left there, causing you to absorb 100 times more nicotine and other chemicals than when you smoke. The rush of nicotine in dip is stronger than in cigarettes or cigars, adding more stress to your heart and increasing your heart rate and blood pressure.

As far as 'Lite' cigarettes, the only thing lite about them is the taste. There is the same level of tar and nicotine in lite as in regular cigarettes, the only difference is that there are air holes lasered into the filter to draw more air and make it taste lighter. People who use lite cigarettes have much higher rates of lung cancer and develop a more deadly type of lung cancer because they inhale more deeply to the lower part of their lungs. Lite cigarettes are banned in Europe and Canada due to false advertising.

If all this isn't enough to make you think about quitting, half of all tobacco users are dead by age 55 meaning they don't see their kids grow up or their grand kids and they don't enjoy the retirement we all look forward to.

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Commanding Officer

Captain Lynda A. Salmond, MSC, USN

Executive Officer

Captain Alan R. Rowley, MC, USN

Public Affairs Officer/Editor

Dan Barber

Staff photographer

HM3 (SS/FMF) Matthew S. Shaver, USN

The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

How to reach us...

Commanding Officer Naval Hospital
Public Affairs Office

Box 788250 MAGTFTC

Twentynine Palms, CA 92278-8250

Com: (760) 830-2362

DSN: 230-2362

FAX: (760) 830-2385

E-mail: d.barber@nhp.med.navy.mil

Hi-Desert Publishing Company

56445 Twentynine Palms Highway

Yucca Valley, CA 92284

Com: (760) 365-3315

FAX: (760) 365-8686



TRICARE Prime Patients Have Access Priority at Naval Hospital

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

All eligible beneficiaries for medical care in a Military Treatment Facility have access to that care here at Naval Hospital Twentynine Palms; however, patients enrolled to TRICARE Prime **have priority**, all others receive treatment on a space available basis.

Since it's beginning, Naval Hospital Twentynine Palms has strived to be a real patient pleaser and provide the best health care possible and to constantly seek ways to improve access to that care.

To ensure priority access to health care, all active duty members are urged to enroll family members in TRICARE Prime and select Naval Hospital Twentynine Palms as the Primary Care Facility. If this option is chosen those patients will have access priority. This access to care will include assignment to a provider who will be your Primary Care Manager (PCM). The PCM, or a member of his or her team, will manage all wellness concerns of their assigned patients, to include:

- * Physicals
- * Pap Smears
- * Minor Procedures

Primed for Saving Money and Health for Retirees

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

The retired Marine survived Vietnam, the Marine Barracks bombing in Beirut, the invasion of Grenada and the Gulf War... but now in retirement he faces yet another challenge.

That challenge is to his health and his financial well being.

Master Sgt. John Q. Smith thought his health care would be taken care of after his retirement, so he didn't opt for the health insurance his new employer offered. Then the military hospital near his home and where he and his wife went for their routine health care closed down.

Smith attended the TRICARE briefings before the hospital closed, but he thought the he'd already earned his health care with the military. He was not going to pay one dime for a TRICARE Prime insurance premium. Besides, there was still the regular TRICARE Standard and he and his wife were healthy.

Then one day Smith started having chest pains and shortness of breath so he had to make a visit to a civilian emergency room.

He survived that visit, and his share of the hospital bill only came to \$2,000. The bad news was he needed immediate heart bypass surgery.

He tried to get into the next nearest military hospital, but because he was not TRICARE Prime there was no space available for him. Smith was advised by the Health Benefits Advisor to use his TRICARE Standard or Extra benefit and use a network civilian provider... his only option.

He agreed and the HBA found Smith a cardio thoracic surgeon and a hospital in the TRICARE network. The cost for the surgery and hospital stay of six days — \$22,285, cost for the surgeon — \$8,000 for a total cost of \$30,285.

Fortunately for Smith he would only have to pay a portion of this cost, \$360 per day or 25 percent of institutional costs, whichever turned out less. In Smith's case the hospitalization cost him \$2,160. Then he had to pay 25 percent of the surgeon's bill, another \$2,000.

Total cost to Smith for this medical episode, including the original emergency room visit, \$6,160. As stated earlier, Smith didn't think he should have to pay a premium for this medical care through TRICARE Prime, so he didn't bother.

If Smith had signed up for TRICARE Prime and paid his annual premium of \$460 for he and his wife, the total bill for his medical expenses during this illness would have been \$30 for the emergency room visit and \$11 per day for hospitalization and surgery — total bill \$96.

If Smith had signed up for TRICARE Prime, the money he would have saved in medical bills would have been enough to pay his TRICARE Prime premium for the next 13

- * Well Baby Visits
- * Telephone Consults

On Nov 17th, this facility will put in place safeguards to ensure prioritized access to care for Prime patients. This means that TRICARE Standard patients will not be able to book a routine wellness appointment. These must be maintained as available for Prime patients. Telephone consults for non-Prime patients will be limited to only those follow-up calls initiated by a provider. Remember that TRICARE Standard patients are not assigned to a PCM and do not receive the same benefits as a TRICARE Prime patient. Standard and all other non-Prime patients, again, compete only for space available care.

If patients opt to use TRICARE Standard, then their wellness visits will be limited to these space available appointments. For urgent or emergent care, all DEERS enrolled beneficiaries will be seen.

Under the TRICARE Standard plan, active duty family members or retirees can see any civilian provider of their choice, but, having this flexibility also means that the cost-share of the patient is more. Active duty personnel are all Prime and are not eligible to use TRICARE Standard for themselves. They are automatically enrolled to TRICARE Prime.

Following are some advantages and disadvantages to using TRICARE Standard:

Advantages:

- * Broadest choice of providers;
- * Widely available;
- * No enrollment fee; and
- * You may also use TRICARE Extra (using a TRICARE authorized participating provider, is known as "TRICARE Extra")

Disadvantages:

- * Patient pays:
 - Deductible
 - Co-payment
 - Balance if bill exceeds allowable charge and provider is non-participating (up to 15 percent above allowed amount).

* Beneficiaries have to do their own paperwork and file their own claims, if their provider is not a listed TRICARE provider.

To obtain more information about TRICARE options and how to enroll in Prime, visit the Robert E. Bush Naval Hospital's TRICARE Service Center.

BREASTFEEDING SUPPORT GROUP

Sponsored by: Desert Beginnings LDRP Suites & Breast Center
WHAT BETTER WAY TO FIND OUT ABOUT:

*Latching On

*Meeting other new mothers

*Sore Nipples

* Breast Engorgement

* Milk Collection & Storage

*Sexuality

*Back to Work

LOCATION, DATE & TIME:

Naval Hospital Twentynine Palms

Classroom 3 (behind Family Practice Clinic)

Every Monday 10 a.m. -noon

Breast Education Center 830-2501

Please see TRICARE PRIMED on page 10

Surgeon General Visits Robert E. Bush Naval Hospital

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

During a recent tour of the West Coast, Vice Admiral Michael L. Cowan, the Navy's 34th Surgeon General, paid a visit to Twentynine Palms. There he held an Admiral's Call and was able to personally meet with several hospital staff members.

In addition, the Force Master Chief, Jacqueline L.K. DiRosa, accompanied the Surgeon General on his visit. At the Admiral's Call she addressed possible changes to the Hospitalman and Dental Technician ratings in a proposal that she will submit to the chain of command at the Bureau of Medicine and Surgery (BUMED) in December.

Cowan said that by all indications, Naval Hospital Twentynine Palms is doing a great job. The leading point the Admiral made during his Admiral's Call was, "Health is easier to keep than it is to get back." In keeping with that statement the Admiral laid out four elements of what the Navy Medicine mission is all about.

Navy Medicine's first job, according to Cowan is, to put a healthy and fit force in forward deployment for the United States. "Whenever we put a Sailor or Marine on deployment or in harms way, we want that person to have the strength, flexibility, endurance, mental stability and family stability that allows them to go do the mission, finish the mission and come home healthy and safe," he said.

He went on to add, "Secondly, we go with them around the world, wherever they go, we provide a web of protection for them against environmental hazard, weapons of mass destruction and preventable diseases."

"Whenever we put a Sailor or Marine on deployment or in harms way, we want that person to have the strength, flexibility, endurance, mental stability and family stability that allows them to go do the mission, finish the mission and come home healthy and safe."

"The third thing that we do," said Cowan, "is provide world-class health care in a vertically integrated health care system from the fox hole to the ivory tower."

Cowan had special praise for the job that Navy Medicine did and is doing in Afghanistan and Iraq. "We've done particularly well in these last two deployments, with the deployment of highly flexible, highly mobile small surgically intensive interventions, and with the deployment of 'quick-clot' and self-administered tourniquets," he said.

In his fourth element of Navy Medicine's mission Admiral Cowan stated, "We deliver the same quality of care to the family members. Because nobody who deploys is healthy unless his or her family is healthy. If the family isn't healthy, then in this day of communications, that Sailor or Marine knows about it." He added, "You're not battle ready if you are worried about your daughter's tonsillitis."

Also part of the fourth element, according to Cowan, is we also have to take care of our retired warriors and their dependents for the rest of their lives.

"This all has to happen together and you (Naval Hospital Twentynine Palms) are a part of my emphasis on coordinated care. The reason is the hub, the key, the centerpiece of all this to be successful at military or Naval Medicine is that we gather our patients in their early 20s which give us the opportunities to effect their health care behaviors for the rest of their lives."

According to Cowan, when we get our eligible beneficiaries at 20-years old, not when they are 40, can Navy Medicine prevent chronic bronchitis, emphysema and cirrhosis of the liver in our Navy population. "It's in their 20's when we can help them grow a family, when they start and establish the health habits that they will carry with them for the rest of their lives," he emphasized.

The Surgeon General also spoke about the new TRICARE Next contracts. He stated that the new contracts were designed with the four elements of Navy Medicine's mission in mind. "They have been designed to let our customers come into our system," said Cowan.

According to Cowan the contractors have a sort of fixed profit. "That profit increases as they partner with us to move more patients into the Military Treatment Facilities for their primary care," he said. "Therefore instead of being our competitors they are constructed to be our partners to move our patients into our facilities," Cowan added.

"These contracts are also constructed to use military medicine protocols for consults, and



to use TRICARE Online to prevent patients from having to be churned through our system, so we can give them their medical services and to help decrease their need for medical services," Cowan said. He also went on to add that the contractors would, unlike today, not make a windfall profit. "There is a level of effort clause in the current contracts where if you have an empanelled group of people and you improve the health of that panel and they don't see you as much, it is automatically assumed just from that information alone that that medical care shifted from that contractor so they don't have to prove that they are seeing anybody else, they just get more money," Cowan said. "So we have 'disincentivized' ourselves, and we are going to fix that with the new contracts."

The Surgeon General also addressed the upcoming Base Realignment and Closure 05 (BRAC 05). "The idea (of BRAC) is to identify bases, functions and real estate that can be combined or moved or eliminated altogether because a great deal of the DoD budget is in infrastructure that we really don't need," said Cowan. "Many of you will be crunching data soon to give us a capacity analysis, and you will curse and fume at us for the questions we ask you and I accept that responsibility because we have honed those down to be as simple as we possibly can," said Cowan. "I apologize in advance because it's going to be a real pain in the neck. But we have to get good data about where we are, so we can objectively compare between services and then we will do a military value analysis of what we want to have in the year 2022 that will be the basis of the decision on what bases to close or realign," he added. "It would appear that this particular base is if anything is going to increase in importance. I don't know if that is the case or not, I just spent some time talking with the Commanding General and I would not be surprised if this base stays about the

"From my view in Washington D.C., we are an extraordinarily successful organization, we have solved many of the access and patient satisfaction issues that have plagued both TRICARE and us for some time."

same, but may in fact grow in importance," said Cowan.

"From my view in Washington D.C., we are an extraordinarily successful organization, we have solved many of the access and patient satisfaction issues that have plagued both TRICARE and us for some time," said Cowan. "We have always had high quality, and we have never compromised that. What we've built in now is a level of patient satisfaction

Please see SURGEON GENERAL on page 10

Hospital Outhouse Team Prevails Once Again

By Dan Barber, Public Affairs Officer
Robert E. Bush Naval Hospital

Toward the end of each hot summer some strange things start to happen to some staff members at Naval Hospital Twentynine Palms, in anticipation of "Pioneer Days."

Each October the City of Twentynine Palms, Calif. celebrates it's history with Pioneer Days. It is a month long event that features an Outhouse Race, a Parade, a Carnival, Rodeo and other events that bring both the civilian and military population together in a fun celebration.

After working long shifts... people here meet in the hospital's parking lot to start competing with one another to see who might be the fastest sprinter. Other staff members, who have to put rocks in their pockets to keep from being blown away in a strong desert wind, start dieting and worrying about gaining too much weight, because they are vying for the honor of being selected for a special ride. On top of all this, a strange looking, light weight, three wheeled contraption, christened "The USS Lightin' Flush," is pulled out of a secret, well guarded storage space, somewhere in the hospital and is dusted off, thoroughly inspected, patched up and oiled.

Then a team of the fastest runners and the lightest rider, from the aforementioned selected competition team, get together and the grueling training begins.

Like Olympic athletes who train hard for the gold, staff members of the hospital work hard to win the annual October Outhouse Race, during the Pioneer Days Celebration. Thus, they can maintain the high standard of being called, "Defending Outhouse Race Champions."

This year, as in the past, it was no different... Naval Hospital Twentynine Palms team prevailed, and will race once again next year... as "Defending Outhouse Race Champions."

Currently, the hospital is the recipient of 14 "Toilet Seat Trophies" which are proudly displayed in the atrium, above the trophy case, on the main floor of the hospital (a popular stop on all VIP tours of the hospital). Within days, another ceremony will be held, with hospital staff present to mount the hospital's 15th and 16th "Toilet Seat Trophies" on the wall. In addition to winning the race, the command's Outhouse Racer also won this year's best design trophy.

Staff members making up this year's champion Outhouse Race team were runners, Lt. Cmdr. Candace Cornett, HM3 David Larch, HM2 Andres Espinosa, Ensign Craig Pettit, and rider: HM3 Alteasheridan Humarang.



The Naval Hospital Outhouse Race team surges to a first place win once again at the annual Pioneer Days Outhouse Races.

Photo courtesy of Kurt Schauppner, The Desert Trail.

Patient Safety...

Preparing for the Winter To Prevent Colds and Flu

By Lt. Daniel Anthony, Risk Management Advisory Committee
Robert E. Bush Naval Hospital

As we move into the winter season, the temperature swings between daytime highs and nighttime lows can be dramatic. With this in mind, we want to prepare ourselves for the risk of catching a cold, the flu, or other more serious respiratory ailment. Good health habits, such as diet, exercise, and proper amounts of sleep are normally our best line of defense against these and other ailments, but sometimes we still get sick and need to take medication.

Influenza vaccinations are normally given to active duty personnel as a matter of course; other persons, however, can consult with their healthcare providers to see if such a vaccine would be appropriate for them. The "flu-shot" does not, however, protect against bacterial infections—these germs require specific classes of antibiotics to get them under control. Unlike pain medications or supplements, antibiotics require strict adherence to the way in which these drugs must be taken.

All too often, persons stop taking their antibiotics before the end of the duration set by the provider. This practice of "saving antibi-

otics" for a rainy day can be very dangerous.

In a recent news release by the Institute for Safe Medication Practices (ISMP), it was cited by the National Household Survey on Drug Abuse that 26% of respondents saved antibiotics from previous illnesses and that half of those persons had taken those antibiotics at a later date without proper medical consultation. This same report also discussed the practice of certain respondents to share their prescription drugs with other individuals.

These practices by the public can be dangerous if not fatal. When a healthcare provider writes a prescription for a patient, the drug is meant only for that patient and his/her particular illness or disease. Additionally, drug sharing for any reason is never a good idea. Allergic reactions or unintended injury can result from taking another person's prescription medication. If you think a person needs a medication, take him or her to a healthcare provider for a proper evaluation. Furthermore, always take your prescription antibiotics just as the provider tells you to take them.

By remembering these simple tips on safe usage of medication, we can minimize the dangers of medication error or misuse. To that end, we here at the Naval Hospital are always willing to discuss your medication questions with you.

Naval Hospital Hard Chargers...



HM2 Richard Mascioni receives a Commanding General's Letter of Commendation from Capt. Salmond.



HM1 Richard Wallinger of the Preventative Medicine Department receives a Navy and Marine Corps Commendation Medal from Captain Lynda A. Salmond, Commanding Officer, Robert E. Bush Naval Hospital.



This year's Champion Outhouse Race Team are from I Andres Espinosa, HM3 Alteasheridan Humarang, and



Pamela Jones a Breast Health Educator in the Primary Care Department receives a Letter of Appreciation from Capt. Salmond.



The hospital's Physical Therapy Department receives a Customer Service Award. From left to right Steve Crowder, HM3 Samuel Ramirez, HM3 Christopher White, HM2 Erin Sjaarda and Lt. Cmdr. Candace Cornett.



Jeffrey Flores, Respiratory Therapist in the Surgical Services receives a Letter of Appreciation from Capt. Salmond.



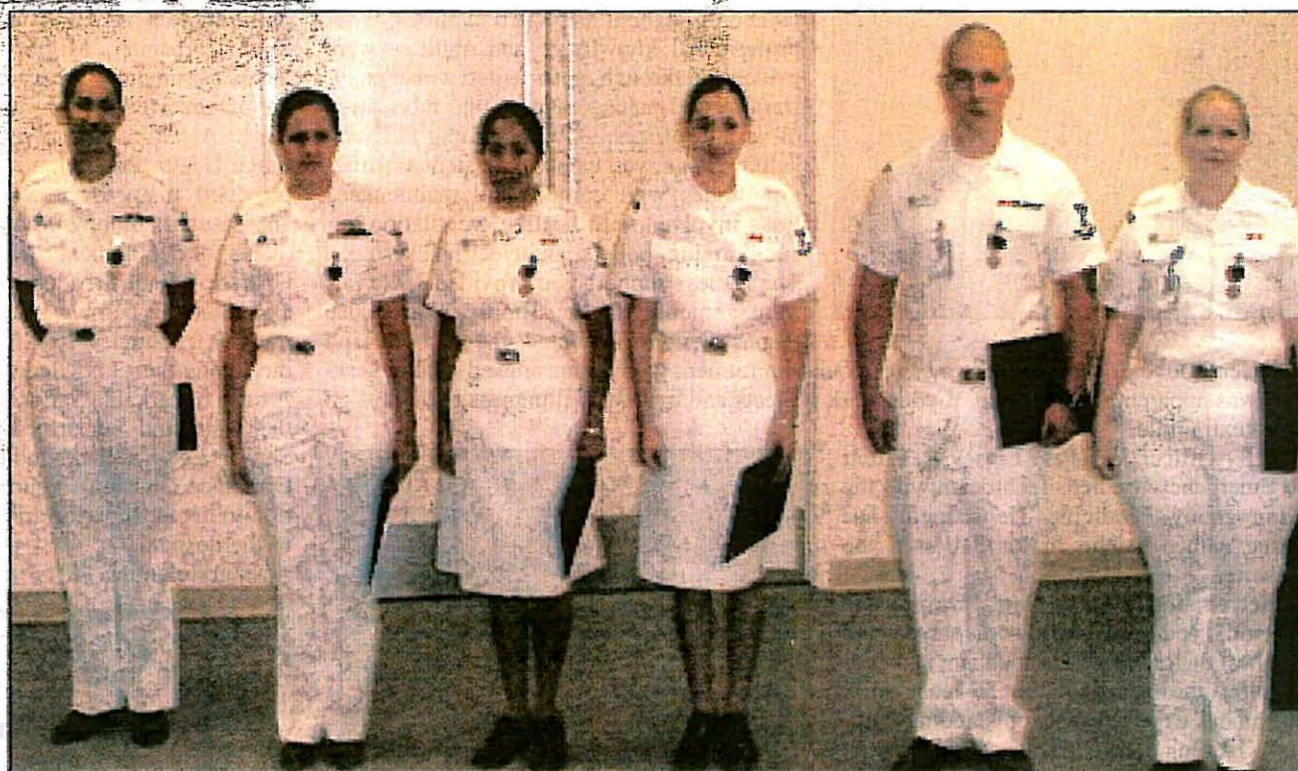
Ensign Craig Pettit, Lt. Cmdr. Candace Cornett, HM2 David Larch.



Those Sailors receiving their second Navy and Marine Corps Good Conduct Medal are HM3 Christina Cotton, HM3 Matthew DeFazio and HM3 Vincente Lemus.



Cmdr. David Davies of the Emergency Medicine Department receives a Meritorious Service Medal, Gold Star and Lieu of Second Award from Capt. Salmond.



Those Sailors receiving their first Navy and Marine Corps Good Conduct Medal are HM3 Sabrina Rojek, HM3 Jeanette Bancroft, HM3 Michael Barnes, HM3 Nadja Cruz, HM3 Jocelyn Martinez-Delgado, HM3 Maria Rivera.

HONORS...

Continued from page 1

Medicine Department."

Petty Officer 1st Class Gerald G. Russell, the Leading Petty Officer of Military Medicine has been selected as Senior Sailor of the Quarter.

His citation reads in part, "As Leading Petty Officer, Military Medicine, you were instrumental in assuring that Marines and Sailors were afforded full Force Health Protection and continuously ready for deployment. Your leadership was the driving force behind positive changes, which resulted in increased productivity and an atmosphere of high morale, even during periods of staffing shortages. An astute mentor and educator, you trained Military Medicine Watch Center supervisors, thereby improving time management, despite higher workloads and minimum personnel. Committed to the health and well-being of your fellow shipmates, you organized a physical fitness program, which increased the Physical Fitness Assessment pass rate."



John Traynor, a Maintenance Mechanic with the hospital's Facilities Management Department has been selected as the Senior Civilian of the Quarter.

His citation reads in part, "While assigned as Maintenance Mechanic, Facilities Management Department, you superbly performed a variety of repairs within the hospital and throughout its related facilities. Your professional knowledge and abilities were evidenced through your expert conceptualizations and management of the fabrication of various offices. Always willing to lend a helping hand, you eagerly assisted construction trades with complicated maintenance tasks involved with heating, ventilation, air conditioning, boilers, and electrical systems. The tireless support you provided Materials Management in the Supply Warehouse reconstruction facilitated the smooth and

efficient move of several departments. Your commitment to uncompromised quality service was apparent in every one of your work projects and by your willingness to always go the "extra mile."

Petty Officer 3rd Class Linsey R. Elliott a Emergency Medical Technician with the Emergency Medicine Department has been named as the Junior Sailor of the Quarter.

Her citation reads in part, "During this period, you consistently displayed the highest degree of professionalism and dedication through exceptional leadership, technical expertise and outstanding military bearing. Your advanced skills as an Emergency Medical Technician resulted in your selection as a Team Leader and subsequently Leading Petty Officer, Emergency Medicine Department. You promptly took supervisory charge of the assignment and operations for 13 Hospital Corpsmen and two Marine Drivers in a very busy health care delivery setting. Additionally, you coordinated a well-

received briefing on Date Rape and Club Drugs, which was attended by over 200 base personnel and unit substance abuse representatives. Committed to command morale, you devoted numerous off-duty hours to fund-raising events and the successful United States Navy Ball held in Laughlin, Nevada."

Susan L. Foster, Officer Automation Assistant in the Facilities Management Department has been selected as Civilian of the Quarter.



Her citation reads in part, "As Office Automation Assistant, Facilities Management Department, you were instrumental in ensuring that the myriad of work requests for this complex medical facility were implemented into the Defense Medical Logistics Support System (DMLSS) computer program. Your superior attention to detail, coupled with your professionalism, allowed you to track preventive maintenance schedules, contract status, utility consumption, telephone service requests, \$250,000 in purchases, and 3,500 work requests annually. A true team player, you additionally volunteered to take over the vehicle management and reporting responsibilities of the Command Vehicle Coordinator, without sacrificing the continuous high standards of your work. On top of all that, you accepted the duties as the Training Representative for the Facilities Department."

Hospitalman Kevin Keosibounheuang, assigned as a Staff Corpsman with Military Medicine, has been named as Blue Jacket of the Quarter.

His citation reads in part, "Assigned as Staff Corpsman, Military Medicine, you were instrumental in assuring Marines and Sailors received proper treatment at the deck plate. As an integral part of our mission of Force Health Protection and readiness, you provided many necessary immunizations and ensured completion of medical requirements for deployment. After returning from Operation Iraqi Freedom, you utilized your experience in combat to teach first-aid and trauma techniques to Sickcall Corpsmen, increasing their knowledge and proficiency. A truly remarkable Sailor, you stepped up to the plate and performed the duties of a Senior Petty Officer with the Explosive Ordnance Division. Your meticulous attention to detail, superior drive, knowledge, and dedication greatly contributed to the mission of the hospital."

Congratulations.



Navy History Tidbits...

New Navy Coffeetable History Available

By Brian S. Chi, Naval Historical Center Public Affairs

WASHINGTON (NNS) -- The Naval Historical Foundation has just produced an exciting new book, "U.S. Navy: A Complete History."

The 728-page book is a detailed, day-by-day chronology of the Navy's 228-year history, as compiled by National Museum of Naval Aviation historian M. Hill Goodspeed. It also features sidebars authored by official Navy historians, well-known naval authors and veterans.

This book follows the previous well-received coffee table book "The Navy," released in 2000.

"In addition to being a superb reference work, 'U.S. Navy: A Complete History' uses rarely displayed photographs and art from the collections of the Naval Historical Center," said David Winkler, the Foundation's historian and programs director.

This book chronicles not only the story of our Navy, but also of our country. As the nation grew in strength, so did its Navy. As the Navy changed during the years, its role and missions changed with it. Originally built to protect the Merchant Marine, it eventually grew to become America's global response force.

Throughout history, the Navy's tasks have varied from peacetime exploration to wartime operations against foes ranging from Barbary corsairs to today's worldwide terrorists. Until the turn of the last century, the Navy was kept at a relatively small size during peacetime, and ship numbers only increased significantly during war. This approach matured into keeping the peace through worldwide forward presence during the Cold War.

"This book will be a valuable addition to any ship's library and would make a great retirement or farewell gift. It's a wonderful historical reference that covers the Navy from before the American Revolution through Operation Iraqi Freedom," said Winkler.

"The book is so current, it even features a picture of President Bush embarked in USS Abraham Lincoln (CVN 72) earlier this year," added retired Capt. Todd Creekman, the Foundation's executive director. "We are excited about this publication as the royalties we receive will be used to support the Naval Historical Center and Navy Museum programs in keeping with our Foundation's mission to promote and preserve our naval heritage."

Goodspeed received his undergraduate degree from Washington and Lee University, where he was a George C. Marshall Undergraduate Scholar, and his master's degree in history from the University of West Florida. He served as editor-in-chief of the book "U.S. Naval Aviation" and is the author of articles and book reviews that have appeared in "The Journal of Military History," "Naval History," "Naval Aviation News," "Wings of Fame," "International Air Power Review," "Foundation" and "The Public Historian."

The numerous sidebars from various authors give greater insight for key issues. Some of the featured authors are well known in naval history circles. They include The Honorable John F. Lehman Jr., Dr. Wade G. Dudley, Dr. Michael J. Crawford, Jan K. Herman, Thomas J. Cutler, Dr. Robert J. Schneller Jr., Dana M. Wegner, Dr. Norman Friedman, Mark K. Ragan, Dr. John B. Hattendorf, Mark L. Hayes, Dr. Jeffrey G. Barlow, Barrett Tillman, Dr.

Kathleen Broome Williams, Retired Capt. Edward L. Beach, John B. Lundstrom, Bernard C. Nalty, Curtis A. Utz, Dr. Malcom Muir Jr., Dr. David A. Rosenberg, Dr. Edward J. Marolda and retired Adm. and former Chief of Naval Operations James L. Holloway III.

"U.S. Navy: A Complete History" is available at retail and online bookstores, and through the online Navy Museum gift shop at www.navyhistory.org.

Historic Ship Bells Ring the Navy's Past

By Joanna Navarro, Naval Historical Center Public Affairs

WASHINGTON (NNS) -- One of the most numerous and symbolic artifacts in the Navy Historical Center's (NHC) collection are the more than 2,000 ship bells.

Started before WWI, this collection is also one of the most utilized, with the bells being found on display or in use in many interesting places.

The NHC's Curator Branch preserves the bells, one of the many artifacts removed from decommissioned ships. They may be provided on loan to new namesake ships; naval commands with a historical mission or functional connection; and to museums and other institutions that are interpreting specific historical themes and displays of naval history.

However, the bells remain the permanent property of the U.S. Government and the Department of the Navy.

Bells have been lent out to a diverse array of organizations, such as USS Shangri-La's (CV 38) bell, which is housed at the Naval Medical Center, San Diego; USS Wisconsin's (BB 64) bell, currently residing aboard the preserved ship moored outside the Hampton Roads Naval Museum, Norfolk, Va.; and even USS Richard B. Russell's (SSN 687) bell, located in West Mason High school, Albuquerque, N.M.

Recently, the bell from USS Worden (DD 352) was dedicated at the Carderock Division, Naval Surface Warfare Center, in West Bethesda, Md.

Initially commissioned in January 1935, and considered at the time the "best sea boat", it was wrecked in a 1943 storm. Its bell, however, had been taken off previously to lighten the ship. Fitted to a new USS Worden (DLG 18) in 1963, the bell continued in service until 1993.

Robert J. Cressman, head of the NHC's Ship History Branch, made the dedication speech at Carderock. He recounted the history of the ship and its loss, and quoted one of the original captain's description that Worden was "the product of years of technological development and skilled labor, but only a ship's hull until manned by a trained and dedicated crew. Worden is the assembly of nearly 400 men who operate the complex systems installed to make Worden an effective unit in our country's desire to preserve the peace."

Cressman concluded his remarks by saying, "We honor those officers and men who made Worden the ship she was, and particularly those 14 men who perished in the ship's battle with the elements on that sad day 60 years ago. We salute them today, and those who sailed with them."

Today, historic ships bells serve to inspire and to remind our naval forces and personnel of honor, courage, and commitment to the defense of our nation, and will continue to do so in the future.

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CHANGE OF COMMAND...

Continued from page 1

Captain Lynda Ann Salmond was born in Kirkcaldy, Fife, Scotland. She came to the United States in June of 1959. She received a Bachelor of Arts degree from San Diego State University in 1974 and a Masters in Business Administration degree from National University in 1978.

Salmond enlisted in the Navy in August of 1974 and received her recruit training in Orlando, Florida. She attended Hospital Corps School, Great Lakes, Illinois, and upon graduation was assigned to Naval Branch Medical Clinic, Barstow, California. Prior enlisted tours included Advanced X-Ray Technician School, Naval School of Health Sciences, San Diego and Branch Medical Clinic, Naval Amphibious Base (NAB), Coronado, California.

In March 1979, she was appointed to Lieutenant (junior grade) in the Medical Service Corps. Salmond's first tour as a commissioned officer was as Assistant Head, Patient Affairs, then as Head, Manpower Management at Naval Hospital, Long Beach, Calif. In 1982, she transferred to Naval Hospital, Corpus Christi, Texas serving as Head, Outpatient Administration then later as Head, Patient Administration. In 1984, she was transferred to Naval Hospital Camp Pendleton (NHCP) as Head, Patient Administration and after selection to Lieutenant Commander in 1987 was appointed as NHCP's Director for Administration.

Her next tour was at Naval Hospital, Naples, Italy where she served as the Director for Administration from 1989 to 1991. In July 1991, she assumed the duties as the Executive Officer of Fleet Hospital Operations and Training Command, Camp Pendleton. In 1994, Salmond was selected as the Executive Officer, Naval Medical Clinic, Port Hueneme and in 1997 as the Executive Officer, Naval Hospital Corps School, Great Lakes, Illinois. In June 1988, Salmond was selected to be Commanding Officer, Naval Hospital Corps School,

Great Lakes, Salmond took command of Naval Hospital Twentynine Palms in November 2000.

Salmond is a Fellow in the American College of Health Care Executives.

Her decorations include; Meritorious Service Medal (three awards); Navy Commendation Medal (three awards); Navy Achievement Medal, Meritorious Unit Commendation (two awards); and National Defense Service Medal (two awards).

The prospective Commanding Officer, Captain Richard J. Engelhart, comes to Naval Hospital Twentynine Palms from a tour of duty as Executive Officer U. S. Naval Hospital Guantanamo Bay, Cuba and Deputy Force Surgeon, Joint Task Force GTMO.

Engelhart enlisted in the United States Navy in 1967, entered boot camp in Great Lakes, Illinois in early 1968, and has remained on continuous active duty. After completing Hospital Corps School and an initial assignment to the National Naval Medical Center, Bethesda, Maryland, Engelhart was trained as a Field Medical Service Corpsman at Camp Pendleton. He was assigned to the 3rd Marine Air Wing, Marine Corps Air Station (Helicopter), Tustin, Calif., and III Marine Amphibious Force, Combined Action Forces, Combined Action Platoon 2-4-7, Republic of Viet Nam as a platoon and company Corpsman.

Returning to the United States for assignment and additional training, and after advancing to Chief Hospital Corpsman, Engelhart was commissioned as an Ensign, Medical Service Corps in 1977. His assignments have included various Financial Management tours in Jacksonville and Pensacola Florida, and administrative tours in Naples, Italy and Alameda, Calif.

Engelhart's prior assignments also include Director for Resources and Managed Care Contract Consultant at TRICARE Region 10, Travis Air Force Base and Director of Resources and Contract Management, TRICARE Region 9, San Diego. Engelhart has served as Comptroller and Director for Resources at Naval Medical Centers, Oakland and San Diego, and most recently as the Executive Officer, U. S. Naval Hospital, Guantanamo Bay, Cuba and Deputy Force Surgeon, Joint Task Force GTMO.

Engelhart's military awards include the Defense Meritorious Service Medal with two oak leaf clusters, Meritorious Service Medal with two gold stars, Joint Service Commendation Medal, Navy Commendation Medal with gold star, Navy Achievement Medal with Combat Distinguishing Device and gold star, Air Force Achievement Medal, Combat Action Ribbon, Good Conduct Medal with 2 stars and various unit, campaign and service awards.

Engelhart has earned a Bachelor of Business Administration from the University of North Florida, and a Master of Science, Business Administration from Boston University. He is a member of the Healthcare Financial Management Association and Diplomate, American College of Healthcare Executives (CHE).

Engelhart is married to Susan Ochs Engelhart. Their daughter, Dr. Heather M. Engelhart, is a Navy Lieutenant stationed at Naval Medical Center, San Diego.

The ceremonies, customs and traditions of our modern Navy originate with ancient customs and laws of the sea which were begun in historic times by seafaring men.

These traditions gradually evolved into the British Navy Regulations that were in effect at the time of the American Revolution. (The effects these old customs have had in the formulation of naval regulations are a marked example of the influence of tested usage.)

John Adams, who compiled the first regulations for the Navy in the United Colonies and thus set a precedent for future directives, used the instructions and regulations of the British Admiralty as his guide for the American Navy. There were of course, a product of time-honored traditions and customs.

It was under the direction of these that John Paul Jones, a British born subject, gave our Navy its earliest traditions of heroism and victory that prevail today.

Fortunately, a short-lived attempt after World War II to do away with some of the time-honored customs conducive to smartness and discipline did not succeed. The highest praise that can be paid to a Sailor is that he lived and worked according to the highest traditions of the U.S. Naval Service. Eternal credit is due those who never underestimated the immeasurable value of naval traditions, customs and ceremonies... the spiritual cement in a naval organization.

The Change of Command ceremony is not prescribed specifically by U.S. Navy Regulations, but rather is an honored product of the rich heritage of naval traditions.

When the prospective Commanding Officer reports for duty, a Change of Command ceremony is conducted to turn the ship or shore activity over to the prospective Commanding Officer who assumes command, and proceeds to act as host for the remainder of the ceremony.

Custom has established that this ceremony will be formal and conducted in such a manner as to strengthen that respect for authority, which is vital to any military organization.

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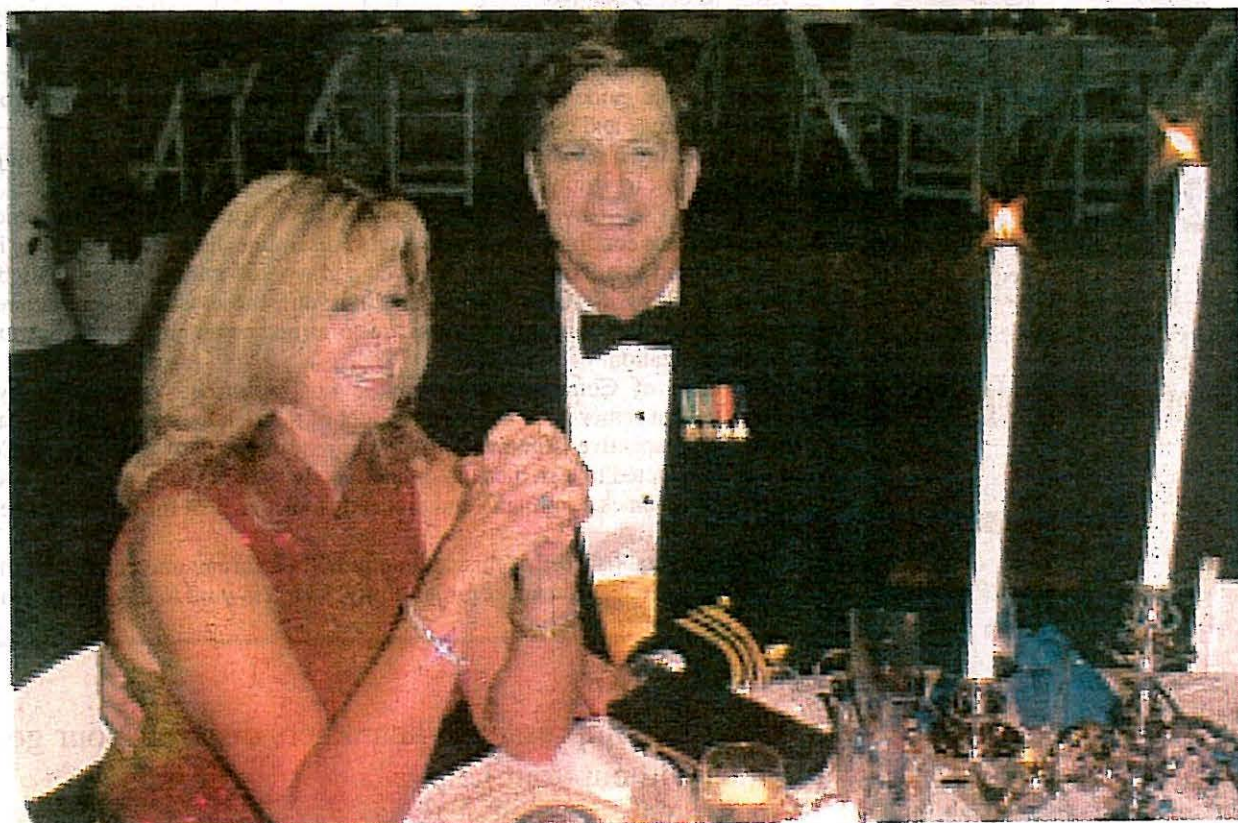
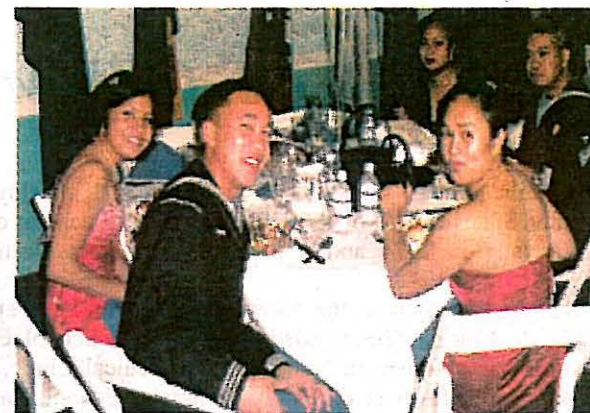


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